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I Inda	2'-3 2005	SA Water Ro	eduction Act of 1995	. no person:	U.S s are required to respond to a	S. Patent and	ademark Office:	through 07/31/2006. OMB 0651-0031 U.S. DEPARTMENT OF COMMERCE displays a valid OMB control number.		
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(to be t	used for all o	corresp	ondence after initial	filing)	Examiner Name	TRINH, H	ра В.			
Total Nu	umber of Pa	ges in	This Submission		Attorney Docket Number	02W155	02W155			
ENCLOSURES (Check all that apply)										
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	Extension of Time Request				Request for Refund			dgement receipt postcard.		
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Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53			ition ssing Parts	Title: Integrated Package Design and Method for a Radiation Sensing Device						
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Signature			Was	leahs	l .					
Typed or printed name William C. Schubert							Date	2005-11-21		

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PTO/SB/17 (12-04v2) NOV 2-3 2005 Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Act of 1995, no persons are required to respond to a collection of information unless it displays a valid QMB control number dive on 12/08/2004. Complete if Known Solidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/688.708 FEE TRANSMITTAI Filing Date 10/17/2003 For FY 2005 First Named Inventor KENNEDY, Adam M. **Examiner Name** TRINH, Hoa B. Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2814 TOTAL AMOUNT OF PAYMENT 120.00 Attorney Docket No. 02W155 METHOD OF PAYMENT (check all that apply) Credit Card Check Money Order None Other (please identify): Deposit Account Deposit Account Number: 500616 Deposit Account Name: Raytheon Company For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 500 150 200 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) <u>Fee (\$)</u> Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Multiple Dependent Claims **Total Claims Extra Claims** Fee Paid (\$) Fee (\$) 12 - 20 or HP = 0 50 х Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. N/A 0 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

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3. APPLICATION SIZE FEE							
If the specification and drav	vings exceed 100 sh	neets of paper (exc	luding electronically fil	ed sequence or computer			
				ntity) for each additional 50			
sheets or fraction thereo	f. See 35 U.S.C. 41	1(a)(1)(G) and 37	CFR 1.16(s).				

SUBMITTED BY							
Signature	Ukllar College	Registration No. (Attomey/Agent) 30,102	Telephone 805/562-2108				
Name (Print/Type	William C. Schubert		Date 2005-11-21				

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